

Bradford County CARES Act Funding
Individual Assistance Program

THIRD PARTY VERIFICATION OF INCOME

Applicants seeking a one-time *Individual Assistance Grant* through the Bradford County CARES Act Funding Program must have their income verified by their employer.

The following information must be completed by applicant's employer. Employer will be contacted to verify applicant's employment and rate of pay.

TO BE COMPLETED BY EMPLOYER

First Name:	Last Name:	
Date of Birth:	Social Security #:	
Position:	Hire Date OR Period of Employment	
Pay Rate: \$	Pay Frequency (Hr, Wk, Mo)	Amount and Frequency of Other Compensation (bonus, commission, tips, overtime, etc):
Please check the box below that applies to employee: <input type="checkbox"/> Reduced Hourly Rate <input type="checkbox"/> Reduced Hours <input type="checkbox"/> Furloughed <input type="checkbox"/> No Change in Income Due to COVID-19		
Signature of Authorized Representative:		
Printed Name:	Title:	
Date:	Phone:	